



## **INFORMATIONAL GUIDE**

# **CALIFORNIA DENTAL LICENSURE EXAMINATION**

**2004**

## **DENTAL BOARD OF CALIFORNIA**

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# **PREFACE**

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## **Welcome to the Dental Board of California Licensure Examination**

The Dental Board of California is the only state agency authorized to issue dental licenses in California. The Board's mission, in part, is to protect the California consumer by licensing only those dental health care professionals who demonstrate competency. To meet this responsibility, the Board is empowered by the legislature to administer examinations. The examination process is the Board's first and most important means of regulating the quality of dental practice in California. By law, the California examination must be sufficiently thorough to test the fitness of the applicant to practice dentistry, and both questions and answers must be written in the English language.

The purpose of this guide is to familiarize applicants for the Dental Board of California Licensure Examination with essential information about the regulations governing the examination and the examination process. Although the guide contains information regarding the rules and regulations, it is written in a simpler format for purposes of reading. The exact language of statutes and regulations can be found in the California Dental Practice Act.

It is important that applicants read the contents of this guide carefully and completely to ensure they are knowledgeable of the rules, regulations and instructions. The rules, regulations and instructions contained in this guide are adopted to ensure examinations are conducted in a uniform manner. Violations may result in examination failure and in legal action being taken by the Attorney General's office.

The Board wishes you success in its licensure examination.



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# DENTAL LICENSURE EXAMINATION OVERVIEW

## Examination Subjects

CONTENT	FORMAT
<b>Endodontics</b>	Written Examination consisting of multiple choice questions. <b>Exam Length: 50 minutes</b>
<b>Removable Prosthodontics</b>	Written Laboratory Examination consisting of multiple choice questions. Conducted at laboratory stations using complete dentures, partial dentures, and implant treatment cases. <b>Exam Length: 40 minutes</b>
<b>Periodontics</b> 1. Examination and Diagnosis 2. Scaling  3. Diagnosis and Treatment of Periodontal Diseases	1. Patient based 2. Patient based <b>Exam Length: 1 hour 45 minutes</b> 3. Clinical slides and multiple choice questions <b>Exam Length: 54 minutes</b>
<b>Class II Amalgam</b> 1. Cavity Preparation 2. Finished Restoration	Patient based <b>Exam Length: 3 hours</b>
<b>Class III or IV Composite</b>  1. Cavity Preparation 2. Finished Restoration	Patient based <b>Exam Length: 3 hours</b>
<b>Simulated Fixed Prosthetics</b> 1. Three Unit Posterior Fixed Partial Denture using a metal-ceramic retainer and/or complete metal crown retainer and/or $\frac{3}{4}$ crown retainer 2. Crown preparation on an anterior tooth using a metal-ceramic preparation	Manikin based  <b>Exam Length: 4 hours</b>

# DENTAL LICENSURE EXAMINATION OVERVIEW

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## ***Supplemental Examinations***

CONTENT	FORMAT
<b>California Dental Law</b> Supplement to the Licensure Examination <i>Must be successfully passed prior to licensure</i>	Written Examination consisting of multiple choice questions <b><i>Exam Length: 25 minutes each</i></b>
<b>Ethics</b> Supplement to the Licensure Examination <i>Must be successfully passed prior to licensure</i>	Written Examination consisting of multiple choice questions <b><i>Exam Length: 25 minutes each</i></b>

## APPLICANT INFORMATION

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### ***Licensure Examination Eligibility***

All persons desiring to practice dentistry in California must:

- Be at least 18 years of age;
- Make application to the Dental Board of California;
- Pay an examination fee of \$606, which includes:  
Application fee: \$100; examination fee: \$450; fingerprint fee: \$56.
- Provide satisfactory evidence of having graduated from a dental school approved by the Board;
- Provide satisfactory evidence of having passed Part I and II of the National Board Written Examinations;
- Provide two classifiable sets of fingerprints on forms provided by the Board;
- Provide satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient during the course of the examination;
- Provide satisfactory evidence of having passed the California Restorative Technique (RT) examination if graduated from an approved non-accredited dental school.

# APPLICANT INFORMATION

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## ***Application***

***Filing Process*** All persons desiring to practice dentistry in California must verify they meet the above requirements by completing either an initial application form, ***Application for Examination for Licensure to Practice Dentistry***, or a re-examination application form, ***Application for Re-examination***, and related documents. Graduates of non-accredited dental schools who have already passed the California Restorative Technique (RT) examination should apply on the ***Application for Re-examination*** form. The following documents are necessary to apply or reapply for the examination and can be found in the accompanying Application Packet:

### **Documents Required to Apply for Examination**

- ☐ Initial Application Form
- ☐ Fingerprint Cards or Live scan Form
- ☐ Certificate of Liability Insurance Form
- ☐ Out-of-State/Country Licensure Certification Form
- ☐ Address Change Form, if necessary
- ☐ National Board Written Exams (Part I and Part II)

### **Documents Required to Apply for Re-Examination**

- ☐ Re-examination Application Form
- ☐ Certificate of Liability Insurance Form
- ☐ Exemption Claim Form, if one is being claimed

Applications for the licensure examination must be complete and received in the Board office during the examination filing period. The examination filing periods are listed on the examination schedule. The schedule is usually established in November or December for the following year.

Dental school students who will graduate immediately prior to the examination must have their dental schools certify that they have graduated at least fifteen (15) days prior to the examination or they will not be accepted for the examination. In such circumstances, the examination application should reflect the date the student anticipates graduation.

## APPLICANT INFORMATION

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### ***Applicant's Address***

All mail from the Board will be sent to the address indicated on the personal data card included in the ***Application for Examination for Licensure to Practice Dentistry***. If an applicant changes his or her address or wishes information sent to another address, he or she must notify the Board, in writing, of the change. Failure to notify the Board of a change of address may prevent the applicant from receiving notice of his or her examination schedule and other relevant information. Be sure to notify the Board in writing immediately of any change of address.

### ***Fingerprint Cards***

For consumer protection, California law requires the Board to fingerprint all applicants for licensure. The fee to process fingerprints is \$56.00 and is subject to change as determined by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

Graduates of non-accredited dental schools who have recently passed the Restorative Technique Examination are not required to resubmit fingerprint cards and fees for fingerprint processing.

Board regulations require two "classifiable" fingerprint cards to complete the application for examination. Classifiable means that the prints can be "read" by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Fingerprints are more likely to be classifiable if they are taken by a large local law enforcement agency such as a police or sheriff department.

**The Board permits candidates to participate in the examination pending fingerprint clearance; however, a dental license, if applicable, will not be issued until the clearance has been received by DOJ and the FBI.**



# APPLICANT INFORMATION

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## **Convictions**

Applicants must report on the application for examination any convictions or pleas of nolo contendere to any offense, misdemeanor or felony in any state or foreign country **irrespective of a subsequent order that expunges** the criminal record under the provisions of section 1203.4 of the Penal Code. The exception to this requirement is traffic violations resulting in fines of \$750 or less.

Penal Code Section 1203.4 requires applicants for licensure to report any convictions to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. **Applicants who have previous convictions or pleas that answer “no” to the question may have their applications denied for knowingly making false statements on the applications** pursuant to section 480 (c) of the Business and Professions Code.

## **Radiation Safety**

In the state of California, the only persons legally entitled to operate dental radiographic equipment are:

- ◆ Persons who passed the Board's Radiation Safety examination prior to January 1, 1985.
- ◆ Persons who graduated after January 1, 1980 from a dental school which is accredited by the Commission on Dental Accreditation.
- ◆ Persons who have passed any other Board approved course in Radiation Safety.

Dentists need to complete a radiation safety course if they:

- ◆ Graduated from a dental school not accredited by the Commission on Dental Accreditation,
- ◆ Graduated from any dental school prior to January 1, 1980, or
- ◆ Do not hold a Radiation Safety Certificate.

# APPLICANT INFORMATION

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## ***Request For Special Accommodations***

Applicants with special physical or medical conditions that require exceptions to the routine conduct of the examination must present documentary evidence of the condition to the Board office as provided by a qualified physician or other health care professional. Contact the Board office to request the ***Special Accommodations*** form. To receive special consideration, the form and the documented evidence must accompany the application for examination.

## ***Social Security Requirement***

Pursuant to Business and Professions (B & P) Code Section 30, the Board is **not** permitted to process any license application or renewal unless the applicant provides his or her social security number or employer identification number on the application. An applicant for licensure who refuses to supply his or her social security number will be reported by the licensing Board to the Franchise Tax Board and will be subject to penalty under Section 19276 of the Revenue and Taxation Code.

# APPLICANT INFORMATION

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## ***Patient Liability Insurance***

All applicants are required to furnish satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant's actions. Satisfactory evidence of liability insurance must be filed with the ***Application for Examination for Licensure to Practice Dentistry***.

Satisfactory evidence of financial responsibility or liability insurance is defined as follows:

1. Liability insurance shall be deemed satisfactory if it is either occurrence-type or claims-made type liability insurance with a minimum of a five year reporting endorsement. The policy must be issued by an insurance carrier authorized by the Insurance Commissioner to transact business in this state, in the amount of \$100,000 for a single occurrence and \$300,000 for multiple occurrences. The insurance must cover injuries sustained or claimed to be sustained by a dental patient in the course of the licensing examination as a result of the applicant's actions. Completion of the Board's Certificate of Insurance Forms shall be accepted as evidence of such liability insurance. The applicant's insurance company must complete and place its company seal on a form entitled ***Certificate of Insurance*** which is included in the application packet.

If the insurance company does not have a seal or stamp, a letter verifying coverage must be submitted to the Board office and must be written on the insurance company's letterhead stationery. The letter must contain the name of the insured, policy number, policy effective and expiration dates, and a specific statement that coverage is provided for the California State Board licensing examination.

- OR -

2. Satisfactory evidence of financial responsibility means posting with the Board a \$300,000 surety bond.

# EXAMINATION INFORMATION

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## ***Examination Facilities***

Examination candidates are encouraged to acquaint themselves with the dental school they select as the licensure examination site prior to the start of the examination. Accommodations, facilities, equipment, and other requirements vary by dental school. Arrangements have been made by the Board with the various schools to permit candidates to visit the school of choice two days immediately preceding the examination. Candidates must limit their visit to the days and times approved by the dental schools.

Examinations may be held at any of the following dental schools:

University of Southern California  
School of Dentistry  
925 West 34th Street  
Los Angeles, CA 90007  
Contact: Marshall Miller  
(213) 740-3564

Loma Linda University  
School of Dentistry  
11092 Anderson Street  
Loma Linda, CA 92350  
Contact: Mary Hartwell  
(909) 558-4939

University of the Pacific  
School of Dentistry  
2155 Webster Street  
San Francisco, CA 94115  
Contact: Doris Bailey  
415-929-6445

University of California,  
Los Angeles  
School of Dentistry  
10833 Le Conte Avenue  
Los Angeles, CA 90024  
Contact: Terry Kovac  
(310) 825-3195

University of California,  
San Francisco  
School of Dentistry  
707 Parnassus Avenue  
San Francisco, CA 94143  
Contact: Gina Dossey  
(415) 476-1778

At most examination locations, hotel or motel accommodations are not available directly adjacent to the campus. Candidates are responsible for their own transportation to and from the examination sites.

## ***Examination Frequency***

The examination is given a minimum of five (5) times a year. It is usually given in February or March, June and September or October.

# EXAMINATION INFORMATION

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## *Summary of Examination Subjects*

### ***Endodontics***

The written endodontics diagnosis and treatment planning examination tests the candidate's ability to diagnose, treatment plan, interpret radiographs and critically evaluate treatment strategies for pulpal and periapical pathoses as well as systemic entities. The examination is comprised of multiple choice questions. The percentage of correct answers is the final grade for the endodontics section of the examination.

### ***Removable Prosthodontics***

The written removable prosthodontics evaluation examination is conducted in a laboratory setting; and tests the candidate's knowledge, understanding and judgement in the diagnosis and treatment of complete dentures, partial dentures and implants. Candidates evaluate cases in a laboratory station-based examination providing answers to multiple choice questions. The percentage of correct answers is the final grade for this section of the examination.

### ***Periodontics***

The periodontal examination consists of three parts: a clinical examination and diagnosis; hand scaling of a patient; and a written examination comprised of multiple choice questions based upon projected slides. The results of the written periodontal diagnosis section will be combined with the results of the clinical periodontal sections of the examination.

During the clinical portion of the examination, the diagnosis will be done on the quadrant selected by the examiner at the time of check-in. Hand scaling will be done on the quadrant(s) the candidate selects for scaling. The term "scaling" includes the complete removal of explorer-detectable calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which no tissue is attached. Ultrasonic or other mechanical scaling devices may be used **only at the direction of the Board**.

# EXAMINATION INFORMATION

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## ***Periodontics***

### ***Continued***

Chemicals or products used to soften calculus are prohibited. All charting for the periodontal portion of examination must be completed in ink on the form provided by the Board.

One patient shall be provided by the candidate for the clinical periodontal examination, diagnosis and scaling portions of the examination. If a patient is deemed unacceptable by the examiners, it is the candidate's responsibility to provide another patient who is acceptable. Radiographs will be returned to the candidates at the conclusion of this portion of the examination.

Definitions for the diagnosis part of periodontal exam may be found in the appendix.

## ***Periodontal***

### ***Patient***

### ***Requirements***

All patients must meet the general patient requirements described in this printed information. Specific patient requirements for the clinical periodontal examination for scaling are as follows:

1. Patient must have a minimum of 20 natural teeth, four of which must be molar teeth.
2. For scaling, the patient must have at least one quadrant with the following:
  - a. at least 6 natural teeth;
  - b. at least one molar, one bicuspid and one anterior tooth which are free of conditions which would interfere with evaluation, including but not limited to gross decay, faulty restorations, orthodontic bands, overhanging margins or temporary restorations with subgingival margins. Crowns with smooth margins are acceptable.
  - c. interproximal probing depths of 3 to 6 millimeters, at least some of which must exceed 3 millimeters. A deviation of one millimeter from the above range is permissible.
  - d. explorer-detectable moderate to heavy interproximal subgingival calculus must be present on at least 50 percent of the teeth. Calculus must be radiographically evident.

If an applicant is unable to find a patient with one quadrant meeting the above requirements, the candidate may provide a patient in which those requirements can be found somewhere in two quadrants on the same side of the mouth rather than in one quadrant. However, a candidate who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant. In the interest of patient comfort, after patient acceptance by the examiners, anesthesia may be administered in both the quadrant to be scaled and the diagnosis quadrant.

# EXAMINATION INFORMATION

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## ***Class II Amalgam***

All patients must meet the general patient requirements described in **General Procedures, Patients**, page 18. Specific patient requirements for the amalgam restoration are as follows:

Each candidate shall complete to the satisfaction of the Board one Class II amalgam restoration in a vital posterior tooth excluding the mandibular first bicuspid. The tooth involved in the restoration must have proximal caries which penetrates the dento-enamel junction and must be in occlusion; the proximal caries must be in contact with at least one adjacent tooth. The tooth selected may have one existing single-surface restoration or sealant on the occlusal, buccal or lingual surfaces.

An amalgam restoration may occlude with natural teeth, a metal, porcelain or composite restoration, or partial, treatment partial or full denture. A temporary crown or temporary filling is not an acceptable opposing tooth. Interproximal contacts can be natural teeth, a metal, porcelain or composite restoration, or a well formed temporary crown. A temporary filling or partial denture is not an acceptable interproximal contact.

Each candidate shall provide satisfactory periapical and bite-wing radiographs of the tooth to be treated. All radiographs shall have been taken not more than six months prior to the examination at which they are presented and must depict the current condition of the patient's mouth. Only original radiographs shall be accepted for examination purposes. Radiographs will be retained by the Board.

Candidates who need to extend their preparation beyond ideal extensions or depth due to decay, decalcification, or any other condition, need prior written authorization from a Clinical Floor Examiner. Candidates wishing to place a base, must remove all decay in the area of proposed base placement prior to the Clinical Floor Examiner's approval to place the base. It is the candidate's responsibility to determine if pulpal protection is necessary. If cavity varnish is to be used, it must be placed only after the preparation has been graded.

## ***Amalgam Rubber Dam Requirement***

A rubber dam must be used during the preparation of an amalgam. The preparation shall be presented for grading **with** a rubber dam in place. Finished amalgam restorations will be graded **without** the rubber dam in place.

# EXAMINATION INFORMATION

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## *Amalgam Pathologic*

**Exposure** In the case of a pathologic exposure, the preparation and finish will be graded.

## *Amalgam Mechanical*

**Exposure** In the case of a mechanical exposure, completion of the clinical procedure **will not be allowed** and the preparation and finish **will not be graded**. **The Board will advise the patient of the exposure and give counsel as to subsequent care.**

## *Class III or IV Composite Resin*

All patients must meet the general patient requirements described in **General Procedures, Patients**, page 18. Specific patient requirements for the clinical composite restoration are as follows:

Each candidate shall complete, to the satisfaction of the board, one Class III or IV composite resin cavity preparation and restoration of a permanent incisor or canine. The tooth to be restored with a Class III or IV restoration must have proximal caries which penetrates the dento-enamel junction and the caries must be in contact with an adjacent tooth.

Inter-proximal contact can be a natural tooth; or a metal, porcelain or composite restoration. A temporary filling or partial denture is not an acceptable inter-proximal contact.

See appendix for further information concerning specific tooth preparation.

## *Composite Rubber Dam Requirement*

A rubber dam shall be used during the preparation of the composite. The preparation must be presented for grading **with** a rubber dam in place. Finished composite restorations shall be graded **without** the rubber dam in place.



# EXAMINATION INFORMATION

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## **Composite**

### **Pathologic**

#### **Exposure**

In the case of a pathologic exposure, the preparation and finish will be graded.

## **Composite**

### **Mechanical**

#### **Exposure**

In the case of a mechanical exposure, completion of the clinical procedure **will not be allowed** and the preparation and finish **will not be graded**. **The Board will advise the patient of the exposure and give counsel as subsequent care.**

## **Simulated**

### **Fixed**

#### **Prosthetics**

Each candidate must complete to the satisfaction of the Board two (2) abutment tooth preparations to retain a three (3) unit posterior fixed partial denture and a crown preparation on an anterior tooth. The two abutment preparations of the three (3) unit posterior fixed partial denture must be for a metal ceramic retainer and/or a complete metal crown retainer and/or a three quarter (3/4) crown retainer. The preparation on an anterior tooth must be for a metal-ceramic crown. Assignment of the preparations will be made at the start of the prosthetics examination. At this time wax will be provided to fill in the socket of the tooth removed to create the edentulous space. The bases of both maxillary and mandibular members of the typodont should be filled with plaster to secure the screws.

Each candidate must provide an articulated dentoform typodont which has 32 synthetic teeth and soft rubber gingivae. The typodont must be an articulated Columbia, Numbers 560, 660, 860, 1360, or 1560, or a Kilgore typodont, D-95S-200 series, or a typodont which is equivalent to the listed typodonts in all respects. The upper and lower jaws must include a metal pole mount articulation.

The typodont is to be mounted in a manikin. The manikin must be mounted in a simulated patient position and kept in a correct operating position while the examination procedures are performed. The manikin will be provided at the exam site and will be mounted either on a dental chair with a headrest bar or mounted on a simulator. The type of manikin mounted on a dental chair will be a Columbia Aluminum head with metal cheeks, model number AH-1C or its equivalent. The type of manikin mounted on a simulator will be a Frasco phantom head P-5 with face mask or its equivalent.

At Loma Linda, UCLA and UCSF, the manikin will be mounted on a dental chair with a headrest bar. The metal pole mount articulator provided with the dentoform typodont will fit these manikins. At USC and UOP, the manikin is part of a simulator. A modified Columbia or Kilgore articulated dentoform typodont is necessary at these two (2) sites.

# EXAMINATION INFORMATION

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## ***Simulated Fixed Prosthetics Continued***

These modified typodonts have a female attachment in the upper jaw which fits the Frasaco phantom head (manikin). Additionally, a 2-5/8" adapter rod is required in the pole mount articulator. A smaller flathead attachment screw knob is also required to provide clearance.

All typodonts must be equilibrated to centric occlusion prior to starting the assigned preparations. A minimum of four (4) posterior teeth on each side of the typodont must be in centric occlusal contact. The typodont equilibration must be approved by the Laboratory Floor Examiner (LFE) before starting the assigned preparations. There will be no time extensions for the typodont equilibration.

The undersides of all typodonts must be filled with plaster to cover the screws securing the teeth and the candidate's assigned number carved into the plaster.

At the conclusion of the examination, candidates will be required to stop all work, stand and exit from the examination area. Typodonts are not to be removed from the manikins by candidates. If a candidate completes the procedures before the end of the examination, the candidate should advise an LFE, who will remove the typodont. **Only a LFE or proctor may remove a typodont from the manikin.**

Minimum equipment to be supplied with the dental chair or simulator at the exam site will be:

- ◆ a dental operatory light,
- ◆ a high-speed air hand-piece hose with air spray,
- ◆ a low-speed air hand-piece hose,
- ◆ a three-way air and water dental syringe, and,
- ◆ an evacuation system

Candidates must wear masks, gloves, and eye protection during this section of the examination. Due to varying capacities of the evacuation systems at examination sites, all preparations will be completed using air only. The air-water dental syringe can be used to cleanse the preparation. Candidates may use measuring devices, including perio-probes.

**The possession of extra typodonts, extra loose teeth or templates in the examination area is cause for dismissal.**

# EXAMINATION INFORMATION

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## ***Supplemental Examinations In California Dental Law***

**And Ethics** Each candidate must successfully complete supplemental written examinations in California law and ethics. The examination on California law is based on knowledge of California law as it relates to the practice of dentistry. The ethics examination is based on the Code of Ethics as published by the dental professional associations. Copies of the Code may be obtained by contacting either the American Dental Association or the California Dental Association. The examinations, although given during the dental licensure exam, are not considered in the scoring of the dental licensure examination. However, both supplemental exams must be successfully completed before a license can be issued. **Applicants for licensure must obtain a grade of 75% or more in each of the examinations to successfully pass.**

## ***Examination Scoring System***

Examination procedures performed by licensure examination candidates are scored by the Board's examiners utilizing a 0 - 5 number scale. The numbers are then converted into the following percentages:

<b>PASSING SCORE</b>	<b>FAILING SCORE</b>
5 = 95%	2 = 65%
4 = 85%	1 = 55%
3 = 75%	0 = 0%

The final overall examination scores are determined by adding the percentage scores obtained in each of the following six (6) sections and dividing the total by six (6). (Specific criteria used for scoring procedures can be found in Appendix A).

**Endodontics**—percentage of correct answers is final score for this section.

**Removable Prosthodontics** — percentage of correct answers is final score for this section.

**Periodontal** — The diagnosis and scaling portions of the examination are graded separately and each counts as a third of the overall score. The scores for these two procedures are added to the written portion of the examination which also counts as a third of the overall score. The average of the three (3) percentage scores is the final score for this section.

**Class II Amalgam** - The cavity preparation accounts for 60% of the overall score and the finished restoration 40%.

**Class III or IV Composite Resin** — The cavity preparation and the finished restoration each count as 50% of the overall score.

**Simulated Fixed Prosthetics** — The three-unit posterior fixed partial denture accounts for 60% of the overall score and the anterior tooth preparation 40%.

# EXAMINATION INFORMATION

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## ***Scoring System***

### ***Continued***

Candidates for licensure will have passed the examination if they obtain an overall average for the six (6) examination sections **of at least 75% and a score of 75% or more** in at least four (4) examination sections, **except that** licensure applicants will not pass the examination if they receive **a score of less than 75%** in more than one clinical section of the examination.

## ***Exemptions***

Any licensure candidate who failed to pass the licensure examination, but who received a grade of 85 percent or above in any examination subject, is exempt from reexamination in that subject in subsequent examinations for a period of two (2) years after the examination in which the candidate received the exemption. Exemption requests need to be filed on a form provided by the Board.

## ***Three Attempts***

Any candidate who fails to pass the examination **after three (3) attempts** is no longer eligible for further re-examination until he or she successfully completes a minimum of 50 hours of education for each subject failed on the last unsuccessful examination. The course work shall be taken at a dental school approved by the Commission on Dental Accreditation, and must be completed within one (1) year from the date the applicant for licensure was notified of the third failure. The course work shall be required once for every three (3) unsuccessful examination attempts.

When the candidate applies for re-examination, he or she must furnish proof satisfactory to the Board that he or she has successfully completed the remedial education requirements for re-examination.

## ***Examination Results***

Examination results will be mailed **approximately thirty (30) days** after the examination to each candidate at his or her address of record. If an examination candidate has an address change or would like the results to be sent to another address of record, the address change must be submitted in writing. **Do not call the Board office for examination results.** For confidentiality reasons, examination results can not be provided over the telephone.

# EXAMINATION INFORMATION

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## ***Appeals***

Under regulations adopted by the Dental Board of California, any of the following conditions may be grounds for appealing unsuccessful examination results:

- ♦ **A significant procedural error in the examination process.** One example is the failure of an examiner to properly justify the grade through documentation. ***Differences in numerical grades or examiner comments that do not agree are not grounds for appeal.***
- ♦ **Evidence of adverse discrimination.** Proof must be presented that anonymity has been breached resulting in an adverse impact to the candidate.
- ♦ **Evidence of substantial disadvantage.** The disadvantage to the candidate must be something under the control of the Board which was not adequately compensated for at the time of the occurrence, such as a power failure.

Appeals must be made in writing to the Board and specify the grounds upon which the appeal is based. Appeals must be made within 60 days of receipt of grade sheets. **Appeals must not include any personal information in the text of the appeal.** No models, x-rays or other material will be accepted for reevaluation.

# EXAMINATION INFORMATION

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## **General**

### **Procedures**

The following rules are in addition to any other examination rules set forth elsewhere in this guide and are adopted for the uniform conduct of the clinical dental licensure examination. The ability to read and interpret instructions and examination material is part of the examination.

### **Patients**

Candidates are responsible for providing their own patients. Dental Schools are not permitted to provide patients or to assist in obtaining patients. If a patient is deemed unacceptable by the examiners, it is the candidate's responsibility to provide another patient who is acceptable.

Patients must complete the medical history form(s) and disclosure statements provided by the Board. The forms may be copied. All information provided on the forms must be in original ink. For patients under the age of 18, the parental consent and disclosure forms must contain the **original signature** of a parent or legal guardian.

Candidates are responsible for providing only those patients whose health condition is acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be pre-medicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the candidate must obtain the necessary written medical clearance and/or evidence of pre-medication before the patient will be accepted. Board examiners may reject a patient who, in the opinion of at least two examiners, has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, candidates, or examiners. A hazardous condition includes but is not limited to acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis.

**No procedure may be started on a patient until the patient has been sent to the grading area and an approval has been given in writing by an examiner.**

A patient may also be rejected when, in the opinion of at least two examiners, the proposed treatment demonstrates improper patient management, including but not necessarily limited to a contraindicating medical condition of the patient, grossly pathologic or unhygienic oral conditions such as extremely heavy calculus deposits, other pathology related to the tooth to be treated, or selection of a restoration that is not suited to the patient's biological or cosmetic requirements. Whenever a patient is rejected, the reason for such rejection shall be written on the check-in control sheet and signed by both rejecting examiners.

# EXAMINATION INFORMATION

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## ***Dental***

**Assistants** Candidates are required to furnish their own dental assistants. Dental assistants or registered dental assistants are permitted to assist the applicant during the clinical phase of the examination.

**Completed *Dental Assistant* forms must be turned in during the initial patient check-in.** Only one form per day is required for each assistant utilized.

It is the responsibility of the candidate to ensure only the services of a dental assistant or a registered dental assistant are used during the clinical portion of the examination. **Utilizing the services of the following dental categories will not be permitted at any time during the examination:**

- ◆ **Dentist**, accredited or non-accredited graduate, licensed or not
- ◆ **Dental Student**, enrolled in accredited or non-accredited programs
- ◆ **Registered Dental Hygienist**
- ◆ **Registered Dental Hygienist in Extended Functions**
- ◆ **Registered Dental Hygienist in Alternative Practice**
- ◆ **Registered Dental Hygiene Student**, or
- ◆ **Registered Dental Assistant in Extended Functions**

If the health care professional assisting the applicant is a California licensee, disciplinary action will be initiated.

Dental assistants are **prohibited** from helping the candidate with any professional decisions other than reminding the candidate of time constraints. Any assistant observed “coaching” a candidate through a procedure will be expelled from the examination, and may be barred from subsequent examinations. A candidate observed taking professional instruction from an assistant may also be subject to dismissal. It is critical that dental assistants refrain from making comments to the candidate about training and techniques they may have observed performed by other candidates. What may appear to be a potential error could actually be a completely acceptable variation of the process.

Dental assistants are not to be involved in conversations between the candidate and the Clinical Floor Examiners (CFE) even though a language or communication problem may exist. If dental assistants believe a problem still exists, they may speak with the CFE out of the candidate’s hearing. In any event, dental assistants must accept that the CFE decision is final.

# EXAMINATION INFORMATION

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## ***Equipment***

Candidates are required to furnish their own instruments, hand-pieces, typodonts and materials necessary to carry their assignments to completion. Operatory lights, dental delivery units and chairs or simulators, will be provided by the Board. Rental equipment is a voluntary accommodation provided at **some** dental schools. Candidates must make their own arrangements for rental equipment. The schools may charge fees for supplies or equipment at their discretion. **The Board is not responsible for any equipment rented by the candidate from the school. It is suggested candidates contact the exam site well in advance to become familiar with the facilities.**

If a candidate experiences problems with equipment, it is the candidate's responsibility to call the school's maintenance unit to repair the problem. If the candidate experiences a malfunction with equipment that is the Board's responsibility, the candidate is to contact the Clinical Floor Examiner (CFE). The CFE will verify the problem with the school's maintenance staff and decide if a time extension is warranted. If a time extension is granted, it will be noted on the examination control sheet by the CFE.

## ***Examination***

### ***Admittance***

No person will be admitted to the examination, (written room, clinic Or Laboratory) unless he or she is wearing the appropriate identification badge, i.e. candidate, patient or dental assistant.

## ***Examination***

### ***Assignment***

An examination assignment which has been made by the Board may not be changed by the candidate without the specific approval of the Board.

## ***Use of***

### ***Local***

### ***Anesthetics***

Local anesthetics cannot be administered to any patient until that patient has been approved by an examiner. **Anesthetics used must be FDA approved and will be checked for expiration dates.** If more than two carpules are needed for a patient anytime during the examination, approval must first be obtained from the Clinic Floor Examiner (CFE).



# EXAMINATION INFORMATION

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## ***Infection***

**Control** All instruments and hand-pieces used during the clinical portion of The examination must be sterilized.

Candidates are responsible for maintaining all of the standards of Infection Control while treating patients. This includes the appropriate sterilization and disinfection of the cubicle, instruments and hand-pieces and the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) to maintain the standards of OSHA, the California State Board regulations and the requirements of the dental school at which the examination is being given.

## ***Needle Stick***

**Protocol** The Board adopted a needle stick protocol which is to be followed by all candidates. The protocol, entitled ***Protocol On Tissue Wounds***, is included in the Application Packet. Basically, all needle sticks, punctures and cuts occurring during the course of treating patients or while cleaning instruments should be treated as potentially infectious.

Candidates are not to make judgements concerning the seriousness of any injury. Immediately administer first aid treatment by squeezing (bleeding) the wound, cleansing by running tap water over the wound, and disinfecting the wound with povidone iodine or other antiseptic.

Report immediately any injury involving patients, assistants or self to the Clinical Floor Examiner (CFE). The CFE will assist candidates in reporting the exposure and completing the ***“Incident/Accident Exposure Form”*** which is included in the Application Packet.

Candidates must also report exposures to their respective health care providers as soon as possible, but not later than 24 hours after the incident, so that the injured party's condition is assessed. Health care providers will advise what actions need to be taken and may provide counseling, testing and treatment, if indicated. Candidates are responsible for any costs incurred from such exposures.

## ***Cause for Examination***

**Failure** A candidate may be declared by the Board to have failed the clinical licensure examination for demonstrations of gross incompetence in treating a patient.

# EXAMINATION INFORMATION

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## ***Grounds for***

### ***Dismissal***

A candidate may be **dismissed from the entire examination** for acts that Interfere with the Board's objective of evaluating professional competence. **These acts may be cause for a legal action being filed against the candidate by the California Attorney General's Office.** Such acts include, but are not limited to the following:

## ***Clinical Dental***

### ***Licensure***

### ***Examination***

Causes for dismissal which may occur during the **clinical portion** of the Licensure examination includes, but is not limited to, the following:

- ◆ Allowing another person to take the examination in the place of, or under the identity of, the candidate.
- ◆ Presenting purported carious lesions that are artificially created **whether or not the applicant created the defect.**
- ◆ Presenting radiographs which have been altered or contrived to represent other than the patient's true condition, **whether or not the misleading radiograph was created by the applicant.**
- ◆ Bringing any **periodontal charting information**, notes, textbooks, unauthorized models, or other informative data into the clinic.
- ◆ Assisting another examinee during the examination process.
- ◆ Failing to comply with the Board's Infection Control Regulations.
- ◆ Failing to use an aspirating syringe for administering local anesthesia.
- ◆ Utilizing the services of any dentist (licensed or not), dental school graduate, dental school student, registered dental hygienist in extended functions, registered dental hygienist, registered dental hygienist in alternative practice, dental hygiene graduate, dental hygiene student, or registered dental assistant in extended functions, or student or graduate of a registered dental assistant in extended functions program.
- ◆ Treating a patient, or causing a patient to receive treatment outside the designated examination settings and time frames.
- ◆ Premedicating a patient for purposes of sedation.
- ◆ Dismissing a patient without the approval and signature of an examiner.

# EXAMINATION INFORMATION

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## ***Written Room or Laboratory Examination***

**Causes for dismissal** which may occur in the **written room or laboratory** include, but are not limited to, the following:

- ◆ Allowing another person to take the examination in the place of, or under the identity of, the candidate.
- ◆ Copying or otherwise obtaining examination answers from other persons during the course of the written examination.
- ◆ Bringing any notes, textbooks, unauthorized models, or other informative data into the written examination room, and/or laboratory.
- ◆ Assisting another examinee during the examination process.
- ◆ Copying, photographing, or in any way, reproducing or recording examination questions or answers.

## ***Examination Instruments and Materials***

The following items are to be on the patient's tray each time the patient is submitted to the examination grading area unless otherwise noted:

Assigned candidate identification number card with all information requested in the upper box completed in ink including the anesthetic specification.

- ✓ Patient's health history form filled out completely and in ink.
- ✓ Patient's disclosure statement form filled out completely and in ink.
- ✓ Parental consent and disclosure statement forms, if the patient is under the age of 18. The forms must be filled out completely and contain **the original signature of the patient's parent or legal guardian.**
- ✓ X-rays appropriate for the portion of the examination being taken.
- ✓ Front surface, non-magnifying mouth mirror.
- ✓ Sharp #2 explorers.
- ✓ Two FDA-approved anesthetic carpules – **at time of patient approval only.**
- ✓ Completed dental assistant form – **turn in once a day during the approval process for each assistant used.** If another dental assistant is used during the day, another form must be completed and submitted.

# EXAMINATION INFORMATION

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## ***Periodontal***

- Check-In** In addition to the listed items on the preceding page, please include the following:
- ✓ Marquis type probe, single ended only

## ***Diagnosis***

### ***Scaling***

- Grading** In addition to the listed items on the preceding page, please include the following on the tray whenever submitting the patient for grading:
- ✓ Marquis type probe, single ended only
  - ✓ Six (6) 2x2 gauze pads, and
  - ✓ Periodontal charting form **completed in ink.**

## ***Class II***

### ***Amalgam***

### ***Preparation***

- Grading** In addition to the listed items on the preceding page, please include the following on the tray whenever submitting the patient for grading:
- ✓ Marquis type probe, and
  - ✓ Stone model of quadrant depicting preoperative condition of tooth and adjacent structures. **All stone models must have the candidate identification number clearly carved on the model.**

## ***Class II***

### ***Amalgam Finish***

- Grading** In addition to the listed items on the preceding page, please include the following on the tray whenever submitting the patient for grading:
- ✓ Dental floss,
  - ✓ Articulating paper, and
  - ✓ Stone model of quadrant depicting preoperative condition of tooth and adjacent structures. **All stone models must have the candidate identification number clearly carved on the model.**

# EXAMINATION INFORMATION

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## ***Class III or IV***

### ***Composite Resin***

#### ***Preparation***

#### ***Grading***

In addition to the listed items on the preceding page, please include the following on the tray whenever submitting the patient for grading:

- ✓ Dental floss,
- ✓ Stone model depicting preoperative condition of tooth and adjacent structures and a penciled drawing of the proposed outline of cavity preparation. **All stone models must have the candidate identification number clearly carved on the model.**

## ***Class III or IV***

### ***Composite Resin***

#### ***Finish***

#### ***Grading***

In addition to the listed items on page 22, please include the following on the tray whenever submitting the patient for grading:

- ✓ Dental floss,
- ✓ Articulating paper, and
- ✓ Stone model depicting preoperative condition of tooth and adjacent structures. **All stone models must have the candidate identification number clearly carved on the model.**

## ***Radiographs***

All radiographs must be:

- ◆ Originals – no duplicates will be accepted. Amalgam and composite radiographs will be retained by the Board. Periodontal radiographs will be returned to candidate at the conclusion of the periodontal examination.
- ◆ Correctly mounted
- ◆ Show **only** the applicant's identification number clearly marked in ink on the mount. **Applicant's name and/or dental school is not to appear on the radiographic mount.** Show the patient's name clearly marked on the mount.
- ◆ Show the date the radiographs were taken - **must be within six (6) months of the examination date.**
- ◆ **Be of diagnostic quality**
- ◆ Represent the **current condition** of the patient's mouth.

# EXAMINATION INFORMATION

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## ***Radiographs continued***

**Periodontal** - Full mouth series of eighteen (18) original radiographs of which at least four (4) must be bitewings.

**Amalgam** - Satisfactory periapical and bitewing for the tooth to be treated

**Composite** - Satisfactory periapical for the tooth to be treated.

## EXAMINATION SITE INSTRUCTIONS

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The following rules, regulations and instructions are adopted to ensure the uniform conduct of examinations. Candidates must adhere to them during the licensure examination. **A candidate violating any of the rules, regulations or instructions may be declared to have failed the examination and a statement of issues may be filed.**

### ***READ THESE INSTRUCTIONS CAREFULLY AND COMPLETELY.***

Food, drinks, cellular phones, beepers, radios, and head phones are not permitted in any of the examination areas. Do not bring these items into the examination area or permit your dental assistant or patient to do so (can be grounds for dismissal). Items carried into the examination areas will have to be placed in a common area in front of the room. The Board is not responsible for items that may be lost or stolen. **CAMERA PHONES ARE PROHIBITED.**

## ***Examination***

### ***Schedule***

The examination schedule is prepared once the final number of candidates taking the examination is known. No changes will be made in the examination schedule. Candidates who do not appear as scheduled will forfeit their examination fees. The final examination schedule will be mailed in the examination assignment packet approximately two weeks prior to the examination.

### ***Registration***

All candidates must register on the day marked "**Registration**" on the examination schedule. The location of the registration area is noted on the examination schedule. Candidates must provide positive picture identification at the time of registration. Acceptable forms of picture identification are **current** driver's license or military and governmental identification card.

# EXAMINATION SITE INSTRUCTIONS

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## ***Orientation***

**All candidates must report for orientation.** Specific orientation room assignments are shown on the examination schedule. Orientation is mandatory even for candidates who may be retaking any part of the examination. At orientation, any last minute rules or procedural changes will be announced; questions regarding procedural matters may be asked at this time.

## ***Clinical Attire***

**Candidates and assistants must wear long sleeve, disposable gowns in the clinic.** For identification purposes, candidates are required to wear **blue** disposable gowns and assistants **yellow** disposable gowns. **The gowns must be removed or disposed of before exiting the clinic floor.** The disposable gowns may be available for purchase at each dental school bookstore. Fees for supplies and gowns may be charged by the schools at their discretion.

## ***Dental Assistant And Patient Badges***

**Identification badges must be worn by patients and dental assistants at all times during the course of the examination. The badges must be pinned on the upper right sleeve of the patient for admittance into the examination area(s).** Badges for dental assistants and patients will be distributed upon entry for your clinical examination. ***Photographs of dental assistants and patients are not required.***

## ***Examination Assignment Information***

Approximately two (2) weeks prior to the examination the Board will mail assignment information. The information packet will include the following documents:

- ❖ Candidate Identification Number
- ❖ Candidate Identification Badge
- ❖ Examination Schedule
- ❖ Picture Data Card
- ❖ Checklist of Required Registration Documents

Please check the documents in the assignment packet to ensure all items were received. **Extra forms are available at the registration desk and are available in the clinic.**

# EXAMINATION SITE INSTRUCTIONS

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## ***Candidate***

### ***Identification***

***Number*** The candidate identification number is printed on the form bearing the applicant for licensure's name and address. As mentioned before, the examination identification number is randomly assigned. Since the examination is anonymous, licensure applicant names, schools, or other identifying information must not appear on gowns, smocks, instrument cases, patient medical histories and/or x-rays, or on any other examination materials.

Since licensure applicants will be known only by the assigned number, it is important that ***IDENTIFICATION NUMBERS ARE NOT LOST***. Only Board staff, who are employed by the Department of Consumer Affairs, are aware of the numbers assigned to the licensure applicants. In the event a number is lost, please report to the Board's examination staff immediately.

### ***Photographs***

Applicants for licensure are required to submit a total of three (3) self identification photographs that were taken recently. One (1) photograph is to be attached to the identification badge and the other two (2) must accompany the picture data card.

### ***Picture***

### ***Data***

### ***Cards***

Applicants for licensure are to complete the **PICTURE DATA CARD** which is enclosed in the assignment information packet. Please be sure to attach the two (2) recent photographs discussed above. Bring the picture data card to the registration desk.

## ***Candidate***

### ***Identification***

### ***Badges***

Applicants for licensure need to complete the candidate identification badge included in the assignment information packet by filling in the examination date, individual identification number, and the location of the examination site. A recent photograph, within the past six (6) months, of the licensure applicant is to be affixed in the picture area of the badge. Licensure applicants will be required to wear candidate identification badges during the entire examination, including registration. Applicants for licensure will not be admitted to the secured examination areas without the candidate identification badge.



## **Appendix A**

### Examination Grading Criteria and Forms

## CLINICAL PERIODONTAL EXAMINATION AND DIAGNOSIS

RATING/SCORE			PROBING	FURCATION	MOBILITY	DIAGNOSIS
P A S S	HIGHLY SATISFACTORY (ideal or minor errors)	5	Recordings within 1 mm on all teeth.	Furcation involvement detected and correctly classified.	Mobility correctly classified or 1 small classification deviation.	Disease correctly diagnosed on all teeth.
	SATISFACTORY (slight errors)	4	Up to 2 recording deviations of 2 mm	1 small classification deviation.	2 small classification deviations.	Small deviations in severity on up to 2 teeth.
	MINIMALLY SATISFACTORY (moderate errors)	3	3 recording deviations of 2 mm. No recording deviations of 3 mm or greater.	2 or more small classification deviations. No significant classification deviations.	3 or more small classification deviations. No significant classification deviations.	Small deviations in severity on 3 teeth and/or 1 significant deviation from clinical findings.
F A I L	UNSATISFACTORY (major errors)	2	4 recording deviations of 2 mm or up to 2 deviations of 3 mm or greater.	1 significant classification deviation.	1 significant classification deviation.	4 teeth with small deviations and/or 2 significant deviations from clinical findings.
	VERY UNSATISFACTORY (critical errors)	1	5 recording deviations of 2 mm or 3 deviations of 3 mm or greater.	2 significant classification deviations.	2 significant classification deviations.	5 teeth will small deviations and/or 3 significant deviations from clinical findings.
	GROSSLY UNSATISFACTORY (gross errors)	0	6 or more recording deviations of 2 mm or greater which may alter the diagnosis of most teeth or 4 or more deviations of 3 mm or greater.	3 or more significant classification deviations.	3 or more significant classification deviations.	6 or more teeth with small deviations or 4 and/or more significant deviations from clinical findings.

**Small Deviation:** One-step classification error, except between B and C **or** C and B when exceedingly definitive.

**Significant Deviation:** Two-(or more) step classification errors or A one-step error between B and C **or** C and B when exceedingly definitive.

## PERIODONTAL SCALING

RATING/SCORE			SUBGINGIVAL CALCULUS	SUPRAGINGIVAL CALCULUS	SOFT DEPOSITS (PLAQUE AND STAIN)	TISSUE MANAGEMENT
P A S S	<b>HIGHLY SATISFACTORY</b> <small>(ideal or minor errors)</small>	<b>5</b>	No detectable calculus or root roughness.	All visible calculus removed.	All detectable plaque, soft debris and stain removed.	Tissue generally intact.
	<b>SATISFACTORY</b> <small>(slight errors)</small>	<b>4</b>	Light calculus and/or root roughness detectable in up to 3 areas.	All visible calculus removed.	Light plaque, soft debris, or stain present on up to 3 teeth.	Up to 2 small tissue tags.
	<b>MINIMALLY SATISFACTORY</b> <small>(moderate errors)</small>	<b>3</b>	Light calculus and/or root roughness detectable in 4 or more areas. No <u>distinct</u> pieces of calculus evident.	1 area or visible calculus remaining.	Light plaque, soft debris, or stain present on more than 3 teeth.	3 or more small tissue tags or 1 laceration present.
F A I L	<b>UNSATISFACTORY</b> <small>(major errors)</small>	<b>2</b>	1 or 2 areas of <u>distinct</u> calculus.	2 areas visible calculus remaining.	Heavy plaque, soft debris, or stain present on up to 3 teeth.	2 to 3 lacerations or trauma to the soft or hard tissues.
	<b>VERY UNSATISFACTORY</b> <small>(critical errors)</small>	<b>1</b>	3 to 6 areas of <u>distinct</u> calculus.	3 or 4 areas of visible calculus remaining.	Heavy plaque, soft debris, or stain present on more than 3 teeth.	4 to 5 lacerations or trauma to the soft or hard tissues.
	<b>GROSSLY UNSATISFACTORY</b> <small>(gross errors)</small>	<b>0</b>	Greater than 6 areas of <u>distinct</u> calculus.	5 or more areas of visible calculus remaining.	Heavy plaque, soft debris, or stain present on most teeth.	6 or more lacerations or trauma to the soft or hard tissues.

## COMPOSITE RESIN PREPARATION

RATING/SCORE			EXTERNAL OUTLINE	INTERNAL FORM	CAVITY REFINEMENT	OPERATIVE ENVIRONMENT
P A S S	<b>HIGHLY SATISFACTORY</b> (ideal or minor errors)	<b>5</b>	Appropriate extension for removal of caries, convenience of preparation, removal of decalcification, fissured grooves and finish of enamel margins. Appropriate access entry. Minor deviations may be present.	Appropriate depth of axial wall for removal of caries. Appropriate retention form. Appropriate enamel bevels. Minor deviations may be present.	Walls and margins appropriately smooth and well defined. Free of debris. No inappropriate unsupported enamel. Minor deviations may be present.	No unnecessary trauma to soft and/or hard tissues. All caries removed. If based, appropriate base placement. Appropriate isolation with rubber dam. Minor deviations may be present.
	<b>SATISFACTORY</b> (slight errors)	<b>4</b>	Slightly over/under extended outline for removal of caries. Slightly inappropriate access entry.	Slightly inappropriate depth of axial wall for removal of caries. Retention slightly excessive or inadequate. Enamel bevels slightly inappropriate.	Slight roughness on cavity walls and/or margins. Cavity lacks definition to a slight degree. Slight debris present. Slightly inappropriate unsupported enamel.	Slight trauma to soft and/or hard tissues. All caries removed. If based, appropriate base placement. Appropriate isolation with rubber dam.
	<b>MINIMALLY SATISFACTORY</b> (moderate errors)	<b>3</b>	Moderate over/under extended outline for removal of caries. Decalcification and fissured grooves minimally adequately treated. Moderately inappropriate access entry.	Moderately inappropriate depth of axial wall for removal of caries. Retention moderately excessive or inadequate. Enamel bevels moderately inappropriate.	Moderate roughness of cavity walls and/or margins. Cavity lacks definition to a moderate degree. Moderate debris present. Moderately inappropriate unsupported enamel.	Moderate trauma to soft and/or hard tissue. Questionable residual caries. If based, moderately appropriate base placement. Appropriate isolation with rubber dam.
F A I L	<b>UNSATISFACTORY</b> (major errors)	<b>2</b>	Major over/under extended outline for removal of caries. Major failure to conserve tooth structure. Major failure to remove deeply involved decalcification and/or fissured groove area(s). Major inappropriate access entry.	Majorly inappropriate depth of axial wall for removal of caries. Retention majorly excessive or inadequate. Enamel bevels majorly inappropriate.	Major unnecessary roughness of cavity walls and/or margins. Cavity lacks definition to a major degree. Major debris present. Majorly inappropriate unsupported enamel.	Major trauma to soft and/or hard tissue. Some caries present. If based, majorly inappropriate base placement. Major leakage of rubber dam resulting in contamination of preparation.
	<b>VERY UNSATISFACTORY</b> (critical errors)	<b>1</b>	Critical over/under extended outline for removal of caries. Critical failure to conserve tooth structure. Critical failure to remove deeply involved decalcification and/or fissured groove area(s) through the DEJ. Critical inappropriate access entry.	Critically inappropriate depth of axial wall for removal of caries. Retention critically excessive or inadequate. Enamel bevels critically inappropriate.	Critical unnecessary roughness of cavity wall and/or margins. Cavity lacks definition to a critical degree. Critical debris present. Critically inappropriate unsupported enamel.	Critical trauma to soft and/or hard tissues. If based, critical inappropriate base placement. Critical leakage of rubber dam resulting in contamination of preparation.
	<b>GROSSLY UNSATISFACTORY</b> (gross errors)	<b>0</b>	Gross over/under extended outline for removal of caries. Total lack of concept of operative dentistry.	Grossly inappropriate depth of axial wall for removal of caries.	Gross unnecessary rough cavity walls and/or margins. Gross debris present. Grossly inappropriate unsupported enamel.	Gross trauma to soft and/or hard tissue. If based, grossly inappropriate base placement. Gross caries present or mechanical exposure. Gross leakage of rubber dam resulting in contamination of preparation.

## COMPOSITE CRITERIA FORM - FINISH

RATING/SCORE			SURFACE QUALITY	MARGIN INTEGRITY	CONTOURS AND FUNCTION	TISSUE TREATMENT
P A S S	<b>HIGHLY SATISFACTORY</b> (ideal or minor errors)	<b>5</b>	Uniform smoothness of entire surface of restoration. No pits on the surface.	Margin continuous with contours of natural tooth. No white lines at margin.	All tooth contours appropriately restored. Appropriate contact with adjacent and opposing contacts. Morphological features are appropriate. No contamination in material. Restorative material completely cured.	No unnecessary trauma to soft and/or hard tissues.
	<b>SATISFACTORY</b> (slight errors)	<b>4</b>	Restoration exhibits slight roughness. Slight pits and/or scratches on the surface.	Slight detectable catches at the margins of the restoration but margins are closed. No pits on the margins. Slight white line at margin.	Slight under or over contour. Slightly weak contact. Morphological features slightly deficient or excessive. Slight contamination in material. Restorative material completely cured.	Slight lack of care of soft and/or hard tissues.
	<b>MINIMALLY SATISFACTORY</b> (moderate errors)	<b>3</b>	Restoration exhibits moderate roughness. Moderate pits and/or scratches on the surface.	Moderate catches at margin of restoration but margins are closed. No pits on the margins. Moderate white line at margin.	Moderate under or over contour. Moderately weak contact. Morphological features moderately deficient or excessive. Possible moderate contamination in material. Restorative material completely cured.	Moderate lack of care of soft and/or hard tissues.
F A I L	<b>UNSATISFACTORY</b> (major errors)	<b>2</b>	Major surface roughness. Major pits and/or scratches on the surface. Major detectable catches in surface.	Major open margin discrepancy. Major excessive material over the margin. Pits on the margins. Major white line at margin.	Major under or over contour. Major lack of contact. Morphological features majorly deficient or excessive. Major traumatic occlusion. Obvious major contamination in the restorative material. Major inadequate cure of the restorative material.	Major lack of care of soft and/or hard tissues.
	<b>VERY UNSATISFACTORY</b> (critical errors)	<b>1</b>	Critical surface roughness. Major pits and/or scratches on the surface. Critical detectable catches in surface.	Critical open margin discrepancy. Critical excessive material over margin. Critical white line at margin.	Critical under or over contour. Critical lack of contact. Morphological features critically deficient or excessive. Critical traumatic occlusion. Critically contaminated. Critical inadequate cure of restorative material.	Critical lack of care of soft and/or hard tissues.
	<b>GROSSLY UNSATISFACTORY</b> (gross errors)	<b>0</b>	Grossly irregular surface. Gross voids, pits and/or scrapes on the surface. Loss of all or part of the restoration.	Gross open margin discrepancy to the DEJ. Gross excessive material over margin. Gross white line at margin.	Restoration fractured or displaced. Gross lack of contact. Morphological features grossly deficient or excessive. Gross lack of concept of form and/or function. Requires replacement. Gross inadequate cure of the restorative material.	Gross mutilation of soft and/or hard tissues.

## AMALGAM PREPARATION

RATING/SCORE			EXTERNAL OUTLINE	INTERNAL FORM	CAVITY REFINEMENT	OPERATIVE ENVIRONMENT & PULPAL PROTECTION
P A S S	<b>HIGHLY SATISFACTORY</b> (ideal or minor errors)	<b>5</b>	Appropriate extension for convenience of preparation and removal of decalcification and fissures. Appropriately formed angle of departure and cavosurface angle. Minor deviations may be present.	Appropriate extension into dentin (for bulk and retention). Appropriate retention. Minor deviations may be present.	Enamel walls parallel rod direction. Walls and margins appropriately smooth and well defined. Free of debris. Minor deviations may be present.	Appropriate base placement. No unnecessary trauma to soft tissue. All caries removed. Minor deviation may be present.
	<b>SATISFACTORY</b> (slight errors)	<b>4</b>	Slightly over or under extended outline. Slight lack of cavity definition. Fissures and decalcification adequately treated. Angle of departure slightly over or under 90°.	Pulpal and/or axial walls slightly shallow or deeper than required for bulk and retention. Retention evident, but slightly incomplete or excessive.	Slight roughness on cavity walls or margins. Cavity lacks definition to slight degree. Slight debris present.	Adequate base placement. Slight lack of care of hard and/or soft tissue. All caries removed.
	<b>MINIMALLY SATISFACTORY</b> (moderate errors)	<b>3</b>	Moderate over or under extended outline. Moderate lack of cavity definition. Fissures and decalcification minimally adequately treated. Angle of departure moderately over or under 90°.	Pulpal and/or axial walls moderately shallow or deeper than required for bulk and retention. Retention moderately incomplete or excessive.	Moderate roughness of cavity walls or margins. Cavity lacks definition. Moderate debris present.	Minimally adequate base placement. Lack of care of hard and/or soft tissue. Questionable residual caries.
F A I L	<b>UNSATISFACTORY</b> (major errors)	<b>2</b>	Major over/under extensions of outline form. Point tooth contact of adjacent tooth. Angle of departure excessive or too acute. Failure to conserve tooth structure or extend for prevention. Failure to remove deeply involved fissures or decalcification to the DEJ.	Major unnecessary removal of tooth structure. Major excessive retention. Retention in enamel. Inadequate retention. Pulpal and/or axial walls excessively deep or shallow.	Rough cavity walls. Unsupported enamel walls. Margins extremely rough. Major debris on walls and/or in line angles.	Failure to place adequate base. Soft and/or hard tissue unnecessarily traumatized. Some caries present. Significant chalky decalcification.
	<b>VERY UNSATISFACTORY</b> (critical errors)	<b>1</b>	Critical over/under extensions of outline form. Tooth contacts adjacent tooth. Angle of departure critically over/under 90°. Critical failure to conserve tooth structure or extend for prevention. Critical failure to remove deeply involved fissures or decalcification through the DEJ.	Critical unnecessary removal of tooth structure. Retention critically incomplete or excessive. Pulpal and/or axial walls critically deep or shallow.	Critically rough cavity walls. Critically unsupported enamel walls. Critically rough margins. Critical debris on external walls.	Critical failure to place adequate base. Critical soft and/or hard tissue trauma. Obvious caries present. Critical decalcification.
	<b>GROSSLY UNSATISFACTORY</b> (gross errors)	<b>0</b>	Gross over extension and/or gross under extension. Total lack of concept of operative dentistry.	Mechanical pulp exposure.	Grossly undermined. Cavity walls grossly rough and undefined. Gross divergence of walls.	Gross failure to remove caries or mechanical exposure. Gross mutilation of hard and/or soft tissue.

## AMALGAM RESTORATION

RATING		SCORE	SURFACE QUALITY	MARGIN INTEGRITY	CONTOURS AND FUNCTION
P A S S	<b>HIGHLY SATISFACTORY</b> (ideal or minor errors)	<b>5</b>	Uniform smoothness of entire surface of restoration. Devoid of pits or scratches. Dense condensation. Appropriate finish.	Junction of tooth/restoration not detectable.	Tooth contours, occlusal and proximal surfaces appropriately restored. Proximal embrasures and contacts appropriate. No unnecessary trauma to hard and/or soft tissues.
	<b>SATISFACTORY</b> (slight errors)	<b>4</b>	Restoration exhibits slight roughness, pits and scratches.	Slight detectable catches at margins of restoration, but margin closed.	Slight under or overcontour. Morphological features slightly lacking. Weak contact. Slight lack of care of hard and/or soft tissues.
	<b>MINIMALLY SATISFACTORY</b> (moderate errors)	<b>3</b>	Restoration exhibits moderate roughness, pits and scratches.	Moderate catches at margin of restoration that are correctable in polishing.	Moderate under or overcontour. Morphological features moderately lacking. Minimal contact. Moderate lack of care to hard and/or soft tissues.
F A I L	<b>UNSATISFACTORY</b> (major errors)	<b>2</b>	Major surface roughness, pitting and/or scratches. Soft condensation.	Open margin or major marginal discrepancy. Excessive overhangs.	Major absence of appropriate anatomical features. Excessive depth of carving in amalgam. Improper contact. Traumatic occlusion. Hard and/or soft tissue damage.
	<b>VERY UNSATISFACTORY</b> (critical errors)	<b>1</b>	Critical surface roughness, pitting and/or scratches. Critically soft condensation. Surface pieces flake off.	Critically open margin or critical margin discrepancy. Critically excessive overhangs.	Critical absence of appropriate anatomical form. Critically excessive depth of carving in amalgam. Critical lack of proximal contact and/or embrasure form. Critical traumatic occlusion. Critical hard and/or soft tissue damage.
	<b>GROSSLY UNSATISFACTORY</b> (gross errors)	<b>0</b>	Entire surface missing. Surface totally defective. Grossly under or over filled.	Deeply open margin to DEJ. Gross overhangs. Loss of substantial fracture of restoration.	Restoration fractured or displaced. Complete lack of proximal contact and/or embrasure form. Gross mutilation of hard and/or soft tissue. No concept of form and function.

# DOCUMENTED CRITERIA FOR FIXED PROSTHETICS PREPARATION

RATING/SCORE		FORM OF PREPARATION/REDUCTION	RETENTION	MARGIN & BEVEL FINISH	OPERATIVE ENVIRONMENT & PULPAL PROTECTION
P A S S	<b>HIGHLY SATISFACTORY</b> (ideal or minor errors)	<b>5</b> Appropriate extension for convenience and prevention. Appropriate occlusal/incisal reduction. Appropriate coronal/pulpal/axial reduction. Minor deviations allowable.	Parallelism is appropriate, no undercuts internally or externally. Appropriate taper for retention and withdrawal. Grooves and/or boxes are parallel, well defined and appropriate length and location. Minor deviations allowable.	Appropriate finish of walls and well defined angles. Margins and bevels appropriately placed, smooth and well defined. Minor deviations allowable.	No unnecessary trauma to simulated soft tissue. Free of debris. Minor deviations allowable.
	<b>SATISFACTORY</b> (slight errors)	<b>4</b> Slight over/under extensions for convenience and prevention. Slight over/under occlusal/incisal reduction. Slight over/under coronal/pulpal/axial reduction.	Parallelism slightly compromised and slightly undercut internally. Slight imperfections in grooves and/or boxes. Slightly inadequate length of preparation.	Walls and line angles and/or margins slightly rough. Margins slightly under/over extended. Margins and bevels slightly deep, shallow or irregular.	Some debris present.
	<b>MINIMALLY SATISFACTORY</b> (moderate errors)	<b>3</b> Moderate over/under extensions for convenience and prevention. Moderate over/under occlusal/incisal reduction. Moderate over/under coronal/pulpal/axial reduction.	Parallelism moderately compromised and moderate undercut internally. Moderate imperfections in grooves and/or boxes. Moderately inadequate length or preparation.	Walls and/or line angles and/or margins moderately rough. Margins moderately under or over extended. Margins and bevels moderately deep, shallow or irregular.	Moderate amount of debris present.
F A I L	<b>UNSATISFACTORY</b> (major errors)	<b>2</b> Major over/under extensions for convenience and protection. Major over/under occlusal/incisal reduction. Major over/under coronal/pupal/axial reduction.	Major error in parallelism (inadequate or excessive). External undercut(s). Excessive taper. Grooves and/or boxes ill defined and/or improperly placed. Inadequate length of preparation to a major degree. Major internal undercut.	Major unnecessarily deep or inadequate margins and/or bevels. Margins excessively rough and/or poorly finished to a major degree. Margin barely in contact with adjacent tooth.	Major evidence of unnecessary trauma to simulated soft tissue. Mutilation of adjacent hard/or simulated soft tissue. Excessive debris present.
	<b>HIGHLY UNSATISFACTORY</b> (critical errors)	<b>1</b> Critical over/under extension for convenience and protection. Critical over/under occlusal/incisal reduction. Critical over/under coronal/pulpal/axial reduction.	Critical error in parallelism (inadequate or excessive). External undercut(s). Critical excessive taper. Grooves and/or boxes lack definition or are improperly placed to a critical degree. Inadequate length of preparation. Critical internal undercut.	Critical unnecessarily deep or inadequate margins and/or bevels. Margins excessively rough and/or poorly finished to a critical degree. Margin in contact with adjacent tooth.	Critical evidence of unnecessary trauma to simulated soft tissue. Mutilation of adjacent hard/or simulated soft tissue. Critically excessive debris present.
	<b>VERY UNSATISFACTORY</b> (gross errors)	<b>0</b> Gross over/under extensions for convenience and protection. Gross over/under occlusal/incisal reduction. Gross over/under coronal/pulpal/axial reduction. Gross lack of concept. An area of the prepared tooth contacts adjacent tooth.	Grossly tapered or extreme undercut. Complete lack of retention. Grooves and/or boxes demonstrate total lack of concept.	Total lack of definition of margins and/or bevels.	Gross mutilation of adjacent hard/and or simulated soft tissue.



## **SUPPLEMENT TO:**

### **INFORMATIONAL GUIDE TO THE CALIFORNIA DENTAL LICENSURE EXAMINATION**

In addition to the information on page 12 of the INFORMATIONAL GUIDE under the Class III or IV Composite Resin Restoration, candidates who need to extend their preparation beyond 1/2 mm. into dentin due to decay, decalcification or any other condition, need prior written authorization from a Clinical Floor Examiner. Initial opening into the approved tooth must be within this 1/2 mm. dimension regardless of the size of the approved lesion. Additional axial and other extensions must receive approval by the Clinical Floor Examiner before extending. Candidates wishing to place a base, must remove all decay in the area of the proposed base placement prior to the Clinical Floor Examiner's approval to place the base. It is the Candidate's responsibility to determine if pulpal protection is necessary.

## INSTRUCTIONS FOR THE PERIODONTAL EXAMINATION AND DIAGNOSIS FORM

In the quadrant selected by the examiner for diagnosis:

1. Black out the number(s) of any missing teeth.
2. Record six probing depths per tooth using the following criteria:
  - Use the technique of walking the probe around the tooth and record the deepest measurement for the facial and lingual as shown in illustration 1. The four interproximal measurements should be made at the points indicated in illustration 1.
  - The technique used for interproximal measurements should be as demonstrated in illustration 2.
3. Record mobility of the teeth in the selected quadrant in the boxes provided. Use the following classification of mobility:
  - 0 = no mobility.
  - 1 = up to 1 mm of movement in any horizontal direction.
  - 2 = greater than 1 mm of movement in any horizontal direction.
  - 3 = vertical mobility, tooth is depressible.
4. Record the degree of furcation involvement in the selected quadrant. Record the *highest* furcal classification for that tooth; i.e., tooth #30 has class 1 furcation involvement on the facial and class 2 involvement on the lingual; place a 2 in the box. Use the following classification system:
  - 0 = no furcation detected.
  - 1 = incipient furcation detected, penetration up to the furca 1 mm.
  - 2 = definite furcation involvement, penetration into the furca more than 1 mm.
  - 3 = horizontal through and through destruction of furcal tissues.
5. Make a periodontal diagnosis for each tooth present in the selected quadrant. Use the following classification:
  - A = periodontal health - no evidence of current periodontal disease, or periodontal health with previous loss of support.
  - B = gingivitis - inflammatory color changes or bleeding in response to gentle probing; changes in gingival form; no evidence of bone resorption or clinical attachment loss.
  - C = mild periodontitis - inflammation; gingival form changes; increased sulcus depth; clinical attachment levels up to 3 mm from the cementoenamel junction; mild bone resorption.
  - D = moderate periodontitis - inflammation; gingival form changes; increased sulcus depth; clinical attachment levels 4 - 6 mm from the cementoenamel junction; moderate bone resorption.
  - E = advanced periodontitis - inflammation; gingival form changes; increased sulcus depth; clinical attachment levels more than 6 mm from the cementoenamel junction; severe bone resorption.

When two or more features of disease are present on the same tooth, use the most severe classification for that tooth.

**ANESTHESIA IS PERMISSIBLE BEFORE PROBING THE PATIENT**

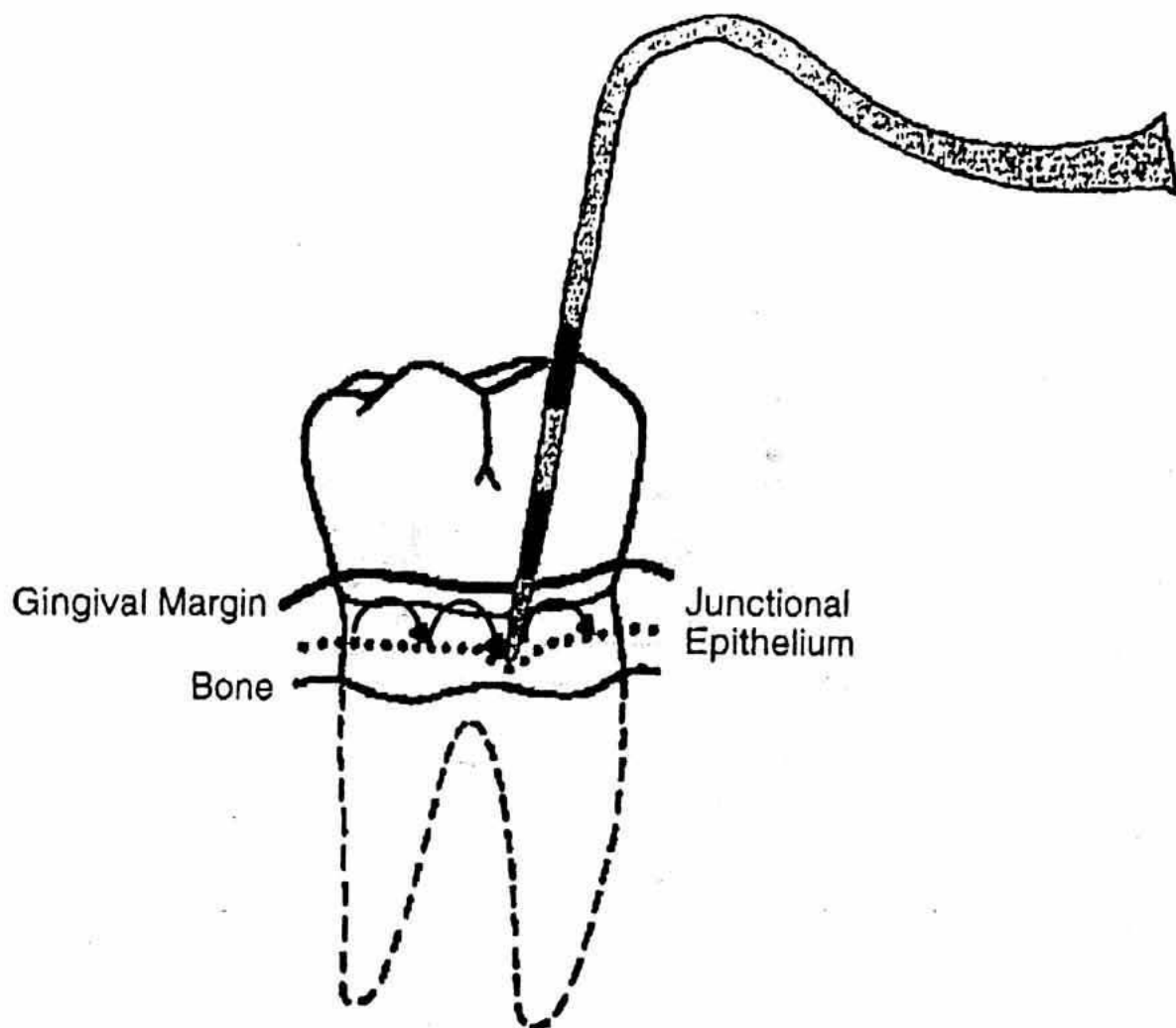
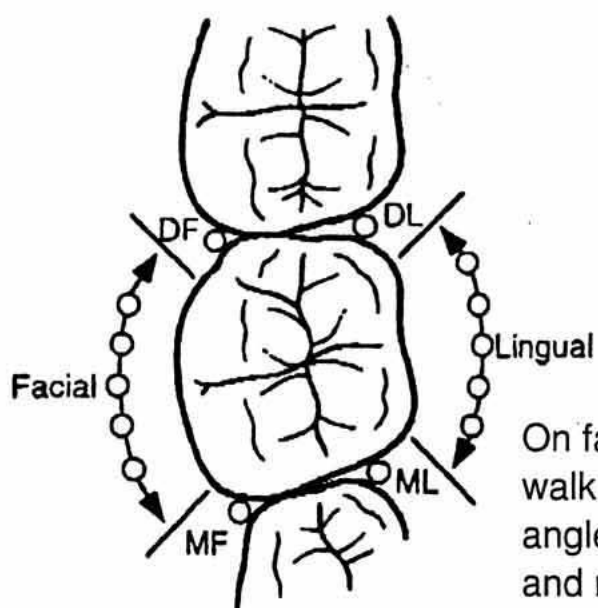
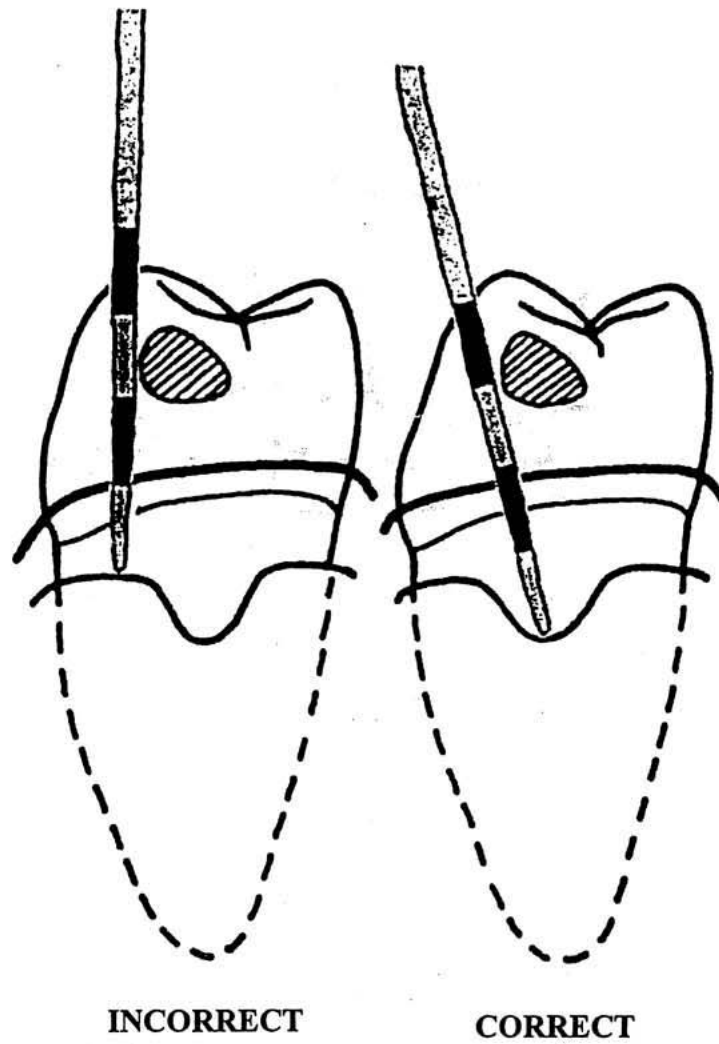


ILLUSTRATION 1



On facial and lingual walk probe from line angle to line angle and record deepest probing depth.



**ILLUSTRATION 2**

## **Appendix B**

### Rules and Regulations Governing the Examination



**DENTAL BOARD OF CALIFORNIA**  
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
TELEPHONE: (916) 263-2300  
FAX: (916) 263-2140  
[www.dbc.ca.gov](http://www.dbc.ca.gov)



**§ 1028. Application for Licensure.**

- (a) Application for licensure as a dentist shall be made on a form prescribed by the board and shall show that the applicant is at least 18 years of age.
- (b) The application shall be accompanied by the following:
  - (1) The fees fixed by the board;
  - (2) Satisfactory evidence of graduation from a dental school approved by the board;
  - (3) Two classifiable sets of fingerprints on forms provided by the board;
  - (4) Where applicable, a record of any previous dental practice and verification of license status in the last state or jurisdiction in which he attained licensure as a dentist;
  - (5) Satisfactory evidence of liability insurance or of financial responsibility in accordance with Section 1628(c) of the code. For purposes of that section:
    - (A) Liability insurance shall be deemed satisfactory if it is either occurrence-type liability insurance or claims-made type liability insurance with a minimum five year reporting endorsement, issued by an insurance carrier authorized by the Insurance Commissioner to transact business in this State, in the amount of \$100,000 for a single occurrence and \$300,000 for multiple occurrences, and which covers injuries sustained or claimed to be sustained by a dental patient in the course of the licensing examination as a result of the applicant's actions.
    - (B) "Satisfactory evidence of financial responsibility" means posting with the board a \$300,000 surety bond.
- (c) Completed applications shall be filed with the board not later than 45 days prior to the date set for the beginning of the examination for which applications is made. An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an approved school that the applicant is expected to graduate from that school prior to such examination and if the approved school certifies not less than 15 days prior to examination that the applicant has in fact graduated from that school.
- (d) The processing time for dental licensure are set forth in Section 1061.

**§ 1029. Approval of Applications.**

Permission to take an examination shall be granted to those applicants who have paid the necessary fees and who credentials have been approved by the executive officer.

Nothing contained herein shall be construed to limit the board's authority to seek from an applicant such other information as may be deemed necessary to evaluate the applicant's qualifications.

**§ 1030. Theory Examination.**

An applicant shall successfully complete the National Board of Dental Examiners' examination prior to taking the California examination and shall submit confirmation thereof to the board. Such confirmation must be received in the board office not less than 30 days prior to the examination date requested.

## **Article 3. Examinations**

### **§ 1031. Supplemental Examinations in California Law and Ethics.**

Prior to issuance of a license, an applicant shall successfully complete supplemental written examinations in California law and ethics.

- (a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dentistry.
- (b) The examination on ethics shall test the applicants' ability to recognize and apply ethical principles as they relate to the practice of dentistry.
- (c) An examinee shall be deemed to have passed the examinations if his/her score is at least 75% in each examination.

### **§ 1032. Demonstration of Skill.**

Each applicant shall complete written examinations in endodontics and removable prosthodontics. Clinical examinations consisting of periodontics, an amalgam restoration and a composite resin restoration will be completed on patients. In addition, each applicant shall be required to complete a simulation examination in fixed prosthodontics.

#### **§ 1032.1. Endodontics.**

The written endodontics diagnosis and treatment planning examination shall test the applicant's ability to diagnose, treatment plan, interpret radiographs and evaluate treatment strategies for pulpal and periapical pathoses and systemic entities.

#### **§ 1032.2. Removable Prosthodontics Evaluation Examination.**

The written removable prosthodontics evaluation examination shall be conducted in a laboratory setting and test the applicant's knowledge, understanding and judgment in the diagnosis and treatment of complete denture, partial denture and implant cases.

#### **§ 1032.3. Clinical Periodontics Examination.**

- (a) The clinical periodontics examination shall include a clinical periodontal examination and diagnosis and hand scaling of quadrant(s) as assigned or approved by the board. The term "scaling" includes the complete removal of explorer-detectable calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which no tissue is attached. Ultrasonic, sonic, handpiece-drive or other mechanical scaling devices may be used only at the direction of the Board. Additionally, the clinical periodontics examination shall include a written exercise using projected slides depicting clinical situations which shall test the applicant's ability to recognize, diagnose and treat periodontal diseases.
- (b) One patient shall be provided by the applicant for the clinical periodontal examination and diagnosis and scaling portions of the examination. The applicant shall provide full mouth radiographs of the patient, which shall consist of 18 radiographs of which at least four must be bite-wings. Radiographs must be of diagnostic quality and must depict the current condition of the patient's mouth. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. An acceptable patient shall meet the criteria set forth in Section 1033.1 and the following additional criteria:
  - (1) Have a minimum of 20 natural teeth, of which at least four must be molar teeth.
  - (2) Have at least one quadrant with the following:
    - (A) At least six natural teeth;
    - (B) At least one molar, on bicuspid and one anterior tooth which are free of conditions which would interfere with evaluation, including but not limited to

- gross decay, faulty restorations, orthodontic bands, overhanging margins, or temporary restorations with subgingival margins. (Crowns with smooth margins are acceptable)
- (C) Interproximal probing depths of three to six millimeters, at least some of which must exceed three millimeters. A deviation of one millimeter from the above range is permissible;
  - (D) Explorer-detectable moderate to heavy interproximal subgingival calculus must be present on at least 50 percent of the teeth. Calculus must be radiographically evident.
- (c) If an applicant is unable to find a patient with one quadrant which meets the requirements of subsection (b)(2) above, the applicant may provide a patient in which those requirements can be found somewhere in two quadrants on the same side of the mouth rather than in one quadrant. However, an applicant who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant.

**§ 1032.4 Clinical Amalgam Restoration and Composite Resin Restoration.**

- (a) Amalgam restoration. Each applicant shall complete to the satisfaction of the board one Class II amalgam restoration, in a vital posterior tooth, excluding the mandibular first bicuspid. The tooth involved in the restoration must have caries which penetrates the dento-enamel junction and must be in occlusion. Proximal caries must be in contact with at least one adjacent tooth. The tooth selected may have one existing single-surface restoration or sealant on the occlusal, buccal or lingual surfaces.
- (b) Composite resin restoration. Each applicant shall complete to the satisfaction of the board, one Class III or IV composite resin cavity preparation and restoration of a permanent incisor or canine. The tooth to be restored with a Class III or IV restoration must have proximal caries which penetrates the dento-enamel junction and the caries must be in contact with an adjacent tooth.
- (c) Radiographic requirements. Each applicant shall provide satisfactory periapical and bite-wing radiographs of the tooth to be treated for the amalgam restoration and a satisfactory periapical radiograph of the tooth to be treated for the composite resin restoration. All radiographs shall have been taken not more than six months prior to the examination at which they are presented and must depict the current condition of the patient's tooth.
- (d) Rubber dams. A rubber dam shall be used during the preparation of an amalgam restoration and the composite resin restoration. Amalgam preparation and the composite resin restoration shall be presented for grading with a rubber dam in place.
- (e) Altering preparations. A preparation which has been graded shall not be changed or altered by the examinee without the specific approval and signature of an examiner.
- (f) Pathological exposures. In the event of a pathological exposure during the amalgam preparation or the composite resin preparation, both the preparation and the restoration shall be graded.
- (g) Mechanical exposures. In the event of a mechanical exposure, completion of the clinical procedure will not be allowed for either the amalgam restoration or the composite resin restoration and the applicant will receive a grade of zero.



### **§ 1032.5 Clinical Simulated Fixed Prosthetics Examination.**

- (a) Each applicant shall prepare two abutments to retain a three-unit posterior fixed partial denture and a crown preparation on an anterior tooth. The two abutment preparations of the three-unit posterior fixed partial denture shall be a metal-ceramic retainer and/or complete metal crown retainer and/or a  $\frac{3}{4}$  crown retainer. Assignment of abutment preparations will be made at start of the prosthetics examination. The crown preparation on an anterior tooth shall be a metal-ceramic preparation.
- (b) Each applicant shall provide an articulated dentoform typodont which has 32 synthetic teeth and soft rubber gingivae. The typodont shall be an articulated Columbia typodont Nos. 560, 660, 860, 1360, or 1560, or Kilgore typodont D-95S-200 series or an equivalent in all respects.
- (c) The typodont shall be mounted in a manikin. The manikin must be mounted in a simulated patient position and kept in a correct operating position while performing examination procedures. The manikin will be provided at the test site and will be mounted either on a dental chair with a headrest bar or mounted on a simulator. The type of manikin mounted on a dental chair shall be a Columbia Aluminum head with metal cheeks, model number AH-1C-1 or its equivalent. The type of manikin mounted on a simulator shall be a Frasco phantom head P-5 with face mask or its equivalent.
- (d) Minimum equipment to be supplied with the dental chair or simulator at the test site shall be a dental operatory light, a high-speed air handpiece hose with water and airspray, a low-speed air handpiece hose, a three-way air-water dental syringe and an evacuation system.

### **§ 1033. General Procedures for Written and Laboratory Dental Licensure Examinations.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all written and laboratory dental licensure examinations.

- (a) The ability of an examinee to read and interpret instructions and examination material is a part of the examination.
- (b) No person shall be admitted to an examination room or laboratory unless he or she is wearing the appropriate identification badge.
- (c) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to, the following:
  - (1) Allowing another person to take the examination in the place of, and under the identity, of the examinee.
  - (2) Copying or otherwise obtaining examination answers from other persons during the course of the written examination.
  - (3) Bringing any notes, textbooks, unauthorized models, or other informative data into an examination room or laboratory.
  - (4) Assisting another examinee during the examination process.
  - (5) Copying, photographing or in any way reproducing or recording examination questions or answers.

### **§ 1033.1 General Procedures for Clinical Dental Licensure Examination.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of the clinical dental licensure examination.

- (a) Each examinee shall furnish patients, instruments, handpieces and materials, necessary to carry the procedures to completion.
- (b) A patient provided by an examinee shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee must obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, applicants or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. In addition, a patient may be rejected when, in the opinion of at least two examiners, the proposed treatment demonstrates improper patient management, including but not necessarily limited to, contraindicating medical status of the patient, grossly pathologic or unhygienic oral conditions such as extremely heavy calculus deposits, other pathology related to the tooth to be treated, or cosmetic requirements. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejection examiners.
- (c) No person shall be admitted to the clinic unless he or she is wearing the appropriate identification badge.
- (d) The use of local anesthetics shall not be permitted until the patient has been approved by an examiner.
- (e) Only the services of registered dental assistants or dental assistants shall be permitted.
- (f) An assignment, which has been made by the board, shall not be changed by an examinee without the specific approval of the board.
- (g) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to the following:
  - (1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.
  - (2) Presenting purported carious lesions which are artificially created, whether or not the examinee created the defect.
  - (3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.
  - (4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic.
  - (5) Assisting another examinee during the examination process.
  - (6) Failing to comply with the board's infection control regulations.
  - (7) Failing to use an aspirating syringe for administering local anesthetic.
  - (8) Utilizing the services of a licensed dentist, dental school graduate, dental school student, registered dental hygienist in extended functions, registered dental hygienist, dental hygiene graduate, dental hygiene student, or registered dental

assistant in extended functions, or student or graduate of a registered dental assistant in extended functions program.

- (9) Treating a patient, or causing a patient to receive treatment outside the designated examination setting and timeframes.
- (10) Premedicating a patient for purposes of sedation.
- (11) Dismissing a patient without the approval and signature of an examiner.
- (h) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.

#### **§ 1034. Grading of Examinations.**

- (a) Each examiner shall grade independently. Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve the anonymity of examinees. The board shall randomly assign each examinee a number, and said examinee shall be known by that number throughout the entire examination. The grading area shall be separated from the examination area by barriers which block the grading examiners view of examinees during the performance of the examination assignments. There shall be no communication between grading examiners and clinical floor examiners except for oral communications conducted in the presence of board staff. There shall be no communication between grading examiners and examinees except written communications on board approved forms.
- (b) The final grade of each examinee shall be determined by averaging the grades obtained in:
  - (1) Endodontics;
  - (2) Removable prosthodontics evaluation examination;
  - (3) Periodontics;
  - (4) Amalgam restoration;
  - (5) Composite resin restoration; and
  - (6) Clinical simulated fixed prosthetics preparations.
- (c) An examinee shall be deemed to have passed the examination if his/her overall average for the entire examination is at least 75% and the examinee has obtained a grade of 75% or more in at least four sections of the examination, except that an examinee shall not be deemed to have passed the examination if her or she received a score of less than 75% in more than one section of the examination in which a patient is treated.
- (d) The executive officer shall compile and summarize the grades attained by each examinee and establish the overall average of each examinee. He/she shall indicate on the records so compiled the names of those examinees who have passed or failed the examination and shall so notify each examinee.

#### **§ 1035. Examination Review Procedures; Appeals.**

- (a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which he/she is deficient in the clinical and restorative laboratory phases of such examination.
- (b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her performance on the clinical and restorative laboratory phases of the examination and who has determined that one or more of the following errors was made during the course of his/her examination and grading may appeal to the board within sixty (60) days following receipt of his/her examination results:
  - (1) Significant procedural error in the examination process;
  - (2) Evidence of adverse discrimination;
  - (3) Evidence of substantial disadvantage to the examinee.

Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The board shall respond to the appeal in writing and may request a personal appearance by the examinee. The board shall thereafter take such action as it deems appropriate.

**§ 1036. Remedial Education.**

An applicant who fails to pass the examination after three attempts shall not be eligible for further re-examination until the applicant has successfully completed the required additional education.

- (a) The course work shall be taken at a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.
  - (1) The course of study shall be didactic, laboratory or a combination of the two. Use of patients is optional.
  - (2) Instruction shall be provided by a faculty member of a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.
  - (3) Pre-testing and post-testing must be part of the course of study.
- (b) When an applicant applies for reexamination, he or she shall furnish evidence of successful completion of the remedial education requirements for reexamination.
  - (1) Evidence of successful completion must be on the certification of successful completion of remedial education requirements for reexamination eligibility (rev. 1) form that is provided by the board and submitted prior to the examination.
  - (2) The form shall be signed and sealed by the Dean of the dental school providing the remedial education course.

**§ 1004. Abandonment of Applications.**

- (a) An application shall be deemed to have been abandoned in any of the following circumstances:
  - (1) The applicant fails to submit the application, examination, or reexamination fee within 180 days after notification by the board that such fee is due and unpaid.
  - (2) The applicant fails to take the licensing examination within two years after the date his application was received by the board.
  - (3) The applicant, after failing the examination, fails to take a reexamination within two years after the date applicant was notified of such failure.
- (b) An application submitted subsequent to the abandonment of a former application shall be treated as a new application.